



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM **EMPLOYMENT STATUS STATEMENT**

Name of Company: _____

The above company has participated in a federal program that requires that certain employment standards be met. Completion of this form is VOLUNTARY, and this information will be kept confidential, with access only to the company's personnel official, representative of the city/county who is administering the program, and the Sate of Missouri who oversees the program.

Family – husband, wife, and all dependents as defined by the IRS for income tax purposes.

Family Income – Total yearly income from all family members over the age of 18. If you are an applicant, this would be prior to employment with the company. If you are a current employee, this will include present salary.

FAMILY SIZE	INCOME LIMITS			
	A (30%)	B (50%)	C (80%)	
1	_____	TO _____	TO _____	FAMILY SIZE:_____ <input type="checkbox"/> Income Above Column C <input type="checkbox"/> Income between Column B & C <input type="checkbox"/> Income between Column A & B <input type="checkbox"/> Income below Column A
2	_____	TO _____	TO _____	
3	_____	TO _____	TO _____	
4	_____	TO _____	TO _____	
5	_____	TO _____	TO _____	
6	_____	TO _____	TO _____	
7	_____	TO _____	TO _____	
8+	_____	TO _____	TO _____	

Please check all of the following that apply to you:

☐ Over the Age of 62
 ☐ Handicapped/Disabled
 ☐ Female Head of Household

Were you unemployed prior to accepting this position?
 ☐ YES
 ☐ NO

ETHNICITY:

☐ Hispanic
 ☐ Non-Hispanic

RACE:

☐ White
 ☐ Asian & White
☐ Black/African American
 ☐ Black/African American & White
☐ Asian
 ☐ Am. Indian/Alaskan Native & Black/African Am.
☐ American Indian/Alaskan Native
 ☐ Asian & Native Hawaiian/Other Pacific Islander
☐ Native Hawaiian/Other Pacific Islander
 ☐ All Others
☐ American Indian/Alaskan Native & White

To the best of my knowledge, the above information is true and can be verified if requested by proper officials of the city/county of the State of Missouri. I also certify that I am authorized to work in the United States and can produce evidence of work authorization.

NAME PRINTED SIGNATURE [Required]

JOB TITLE DATE